

State of Rhode Island and Providence Plantations DEPARTMENT OF BUSINESS REGULATION

Division of Design Professionals 1511 Pontiac Avenue, Bldg. 68-2 Cranston, Rhode Island 02920 Phone 401-462-9592 Fax 401-462-9532

www.bdp.ri.gov

RHODE ISLAND STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS

APPLICATION FOR CERTIFICATION AS AN ENGINEER-IN-TRAINING (EIT)

Current requirements for E.I.T certification in Rhode Island are:

- An ABET-EAC accredited Bachelor's in Science engineering degree (or an acceptable equivalent) (or a graduate degree in an engineering curriculum that is ABET-EAC accredited at the undergraduate level COUPLED WITH either a non-ABET BS degree in engineering, a BS degree in engineering technology, or a BS degree in a related science).
 - ***If your <u>only</u> degree is an engineering technology degree, you are not eligible for E.I.T certification in Rhode Island and you should not submit an application. This is a state law which neither the Board staff nor Board members may waive.
- Passing of the NCEES examination in the fundamentals of engineering (or twelve (12) years or more of active engineering practice under the oversight of a professional engineer, licensed in the discipline for which the applicant is applying, and indicating experience of a grade and character, satisfactory to the Board).

INSTRUCTIONS:

Phone: 401-462-9592

Complete ch	hecklist prior to sending in your application package:	
	Application completed in full	
	Educational Transcript in a sealed envelope from the institution, or mailed directly to the PE Board	
	Verification of FE results (Comity applicants, must provide verification from state board if taken in any other	r state.
	See Verification Form)	
	Tax Payer Affidavit	
	Three Character Reference Forms, one must be a registered Professional Engineer	
	Comity Applicants (EIT held in any other state requires a \$65.00 fee. Please include check made payable to the RI General Communication of the RI General Comm	ral
	Treasurer (EIT by Rhode Island exam has no fee)	
	DOB:Social Security #:	
	Email:	
Home address: _		
Phone:	Cell number:	
State of Legal R	Residence:	
Have you ever fi	filed an application with this State Board? If yes, type of application When	
Have you been c	convicted or a felony or pleaded "Nolo contendre" to a criminal charge?	
Have you been d	denied registration in any state? What state and why?	

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Fax: 401-462-9532

EDUCATION:

*Please request an official transcript from attending college or university. It must be provided to the PE Board in a sealed envelope, or mailed directly from institution, to the address above.

As of September 5, 2006, any degree from a foreign institution, the applicant must have his/her education evaluated through the NCEES Credentials Evaluations Service, http://ncees.org/credentials-evaluations/ 280 Seneca Creek Seneca, CA 29678

Phone: 800-250-3196 / Fax: 864-654-6824. *Please note*: the RI State Board of Registration for Professional Engineers will only accept those evaluations dated from September 4, 2004 - September 4, 2006 from the Engineering Credentials Evaluations International (ECEI). Do not submit an application until you have received the result of NCEES's evaluation.

REFERENCES:

Name and addresses of three (3) character references, not relatives, at least one (1) of whom is a registered Professional Engineers, who has personal knowledge of your character and professional reputation and accomplishments. This is a state law which neither the Board staff nor Board members may waive.

Name	Contact information	PE, State and license #

Character Reference Form:

- Make as many copies of the Character Reference form as are necessary to meet the required, three (3) one (1) of whom must be a registered PE.
- Fill out page one (1) and the top of page two (2).
- Provide each of your references a Character Reference Form and a stamped business size envelope addressed to: Board of Registration for Professional Engineers, 1511 Pontiac Avenue, Bldg. 68-2, Cranston, RI 02920. Forms can also be emailed directly from your reference to: <u>virginia.porter@dbr.ri.gov</u>. Character Reference forms received by mail must be in individually sealed envelopes and have the reference signature across the envelope seal.
- A Character Reference Forms must match your list of references.

It is <u>preferable</u> for you to submit your Character Reference Forms along with your application in one large submission. However, these forms MUST be in separate envelopes bearing the appropriate signatures across the envelope seal.

EXAMINATIONS

Please list each and every time that you have taken THE FUNDAMENTALS OF ENGINEERING Examination.

Date	State	Results: Pass or Fail
	Date	Date State

If additional room is needed, please submit on an additional piece of paper.

I am the applicant named in this application and certify under the pains and penalties of perjury that the foregoing is true and correct in every respect.

Name of Applicant: _	Print Name	Signature:
Date:		

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Phone: 401-462-9592 Fax: 401-462-9532 TTY: 711 www.bdp.ri.gov

Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Please return this affidavit along with your license application to: Rhode Island Department of Business Regulation, State Board of Registration for professional Engineers, 1511 Pontiac Avenue, Building 68-2, Cranston, RI 02920.

	Licensee Declaration			
	I hereby declare, under penalty of perjury, that I have filed all required state tax returns and			
	have paid all taxes owed.			
	I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the			
	Tax Administrator.			
	I am currently pursuing administrative review of taxes owed to the state.			
	I am in federal bankruptcy. (Case #)			
	I am in state receivership. (Case #)			
	I have been discharged from Bankruptcy. (Case #)			
Ту	Type of Professional License for which you are applying			
Fυ	all Name (Please Print or Type) Social Security Number			
	(or FEIN if appropriate)			
Sig	gnature Phone Number			
	(including area code if not 401)			
Da	ate			



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Applicant requesting status of registration/license/examination: (to be filled out by applicant)

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RHODE ISLAND STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS

Request for Verification

Name:			Type of License/Registration			
Street Address:			License/Registration #			
City, State, Zip			Last four digits of SS#:			
Date of Birth:						
Status of applicant	s Certificate/Registr			ut by jurisdiction		
	Record	Certificate	e# Date I	ssued	Expiration	Disciplinary Actions Yes
Engineer	in Training EIT					No Yes
Profession	onal Engineer PE					No
	Other					Yes No
Disciplinary Action	s:					
	nation Record:		(to be filled o	ut by jurisdiction		
	nation Record:	Result	(to be filled o	ut by jurisdiction		Discipline
applicant's Examin Exam		Result				Discipline
Applicant's Examin Exam FE		Result				Discipline
Applicant's Examin Exam FE PE		Result				Discipline
Applicant's Examin Exam FE PE Other	Hours	Result	Date			Discipline
Exam Exam FE PE Other	Hours		Date			Discipline
Applicant's Examin Exam FE PE Other Remarks:	Hours		Date		am	Discipline d Seal:
Exam Exam FE PE Other Crocessing Instruct Return completed RI Board of Regis Professional Engi	ions form to:	Attested by: : Name:	Date		am	
Exam Exam FE PE Other Crocessing Instruct Return completed RI Board of Regis Professional Engi 1511 Pontiac Ave.	ions form to: stration for neers Bldg 68-2	Attested by:	Date		am	
Applicant's Examin Exam FE PE Other	ions form to: ctration for neers Bldg 68-2 98 to:	Attested by: : Name:	Date		am	



(Name of Applicant)

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Character Reference Form

Dear Sir/Madam:
The individual whose name is given above has applied to this Board for licensure to practice Professional Engineering in the State of Rhode Island and has either given your name as a reference or has stated that he/she worked for or with you. We therefore request your assistance in filing out this form with sincere and conscientious consideration of the need for accurate data and for objective appraisal of the applicant's ability and/or potential to practice Engineering.
The applicant has been instructed to provide a stamped addressed envelope. Please seal the envelope and sign your name across the envelope seal.
Very truly yours,
Board of Registration for Professional Engineers

Character Reference Form

Арр	licant's Name:
	Are you a licensed Professional Engineer? Yes: State: License # No.:
!.	I know this applicant (circle one): a. Very well b. Well c. Slightly d. Not at all
3.	My contact with the applicant was from to Date Date
l.	What is your opinion of the applicant's personal integrity and character?
5.	Considering the need to protect public health, safety and welfare, in my opinion this applicant would rank in professional competence and responsibility as shown(circle one): a. Qualified b. Additional Experience Needed c. Unqualified d. I do not have sufficient knowledge on which to base an answer
i.	Any additional remarks:
	Name: Engineers, please place seal here:
	Phone/email: Signature:
	Date: